



- I hereby certify that:
- the list below includes all staff, including volunteers counted in staff/child ratios, at this facility.
- the information below is true and accurate.
- all caregivers and volunteers who work directly with children, have read, understand and can apply all child care licensing rules.
- child abuse/neglect (ca/n) screenings have been requested for all caregivers, other personnel and volunteers counted in staff/child ratios.

DATE _____

FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)

[illegible]

NAME	BIRTHDATE	POSITION	DATE EMPLOYED	DATE CA/N SCREEN REQUESTED	EDUCATION AND EXPERIENCE	NUMBER TRAINING HOURS COMPL'D	HOURS OF WORK			HEALTH INFORMATION	
							FROM	TO	WEEKLY TOTAL	DATE OF MEDICAL EXAMINATION	DATE OF CURRENT TB TEST
b) VOLUNTEERS (COUNTED IN STAFF/CHILD RATIOS)						NA					
c) MEAL PREPARATION (IF ATTENDANCE MORE THAN 30 CHILDREN)						NA					
d) HOUSEKEEPING MAINTENANCE						NA					
e) CLERICAL						NA					
OFFICE USE ONLY											
FILING INSTRUCTIONS: IN LICENSING YEAR											